SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT OF SUBSTANCE USE DISORDERS

Los Angeles County Department of Public Health, Substance Abuse Prevention and Control

Minutes

SYSTEM OF CARE STAKEHOLDER WORKGROUP		
Topic	Beneficiary Access Line	
Date	March 3, 2016	
Time	9:30 AM - 12 PM	
Venue	Conference Room 8050, Building A-8 1000 South Fremont Avenue, Alhambra, CA 91803	
PARTICIPANTS		
Stakeholders	Asian American Drug Abuse Program Behavioral Health Services California Hispanic Commission on Alcohol and Drug Abuse Coastal Recovery Center Cri Help Didi Hirsch Mental Health Services Homeless Health Care Los Angeles Los Angeles Centers for Alcohol and Drug Abuse Little House MELA Counseling Services Center Shields for Families MJB Transitional Recovery People Coordinated Services Prototypes Recovery Advocate/Consultant Special Services for Groups Tarzana Treatment Centers Tarzana Treatment Centers	Miriam Ruiz Celia Aragon Natasha Medina Andrea Adams Brandon Femandez Charles Bullitts Erika Aguirre-Miyamoto Bill Tarkanian Samantha Salmeron Kathy Salazar Kisa Grayson Dennis Hughes Charlene Scott April Wilson Susan Bowling Bambi Piland Walter Santizo Stan Galperson
SAPC Staff	John Connolly, Loretta Denering, Daniel Deniz, Timothy Dueñas, Michelle Gibson, Kristine Glaze, Saloniki James, Tina Kim, Yanira Lima, Raymond Low, Holly McCravey, Elizabeth Norris-Walczak, Ashley Phillips, Glenda Pinney, Mildred Reyes-Martinez, Yeira Rodriguez, Wayne Sugita, Duy Tran, Way Wen	
MEETING PROCEEDINGS		
Agenda Items	**Discussion**	
I. Welcome and Workgroup Members Introduction	Holly McCravey, SAPC Adult System of Care Director, opened the meeting by welcoming all participants, asking everyone to introduce themselves and their respective agencies, and presenting the meeting's agenda.	

II. Stakeholder Process Overview	Michelle Gibson, SAPC Strategic Planning Director, acknowledged those who attended the kick-off and regional stakeholder workgroup meetings in 2015, and explained how the feedback helped shape the County's Waiver implementation plan that was submitted for approval to the California Department of Health Care Services and the federal Centers for Medicare and Medicaid Services on February 11, 2016. As the County prepares for the system of care transformation, she further explained that the subsequent stakeholder workgroup meetings will help define the County's standards of practice, and develop the contractor manual and other related documents. Apart from System of Care, other workgroups include Integration of Care, Quality Improvement and Utilization Management, System Operations, and System Innovations and Network Capacity Building. Beneficiary Access Line (BAL) is one of 11 topics to be discussed in the System of Care workgroups.
III. Member Expectations and Ground Rules	Holly McCravey laid out the workgroup expectations that include each member reviewing documents in advance, contributing to discussion, and focusing on system design and patient care.
IV. Document Review and Discussion*	**Workgroup participants reviewed the Beneficiary Access Line (BAL) flow chart and narrative and had the following recommendations, comments and questions:** ▪ **<u>Recommendations</u>** - Expand screening for services beyond just via phone to also include social media (e.g., web-based screener). - Increasing Community Assessment Services Centers (CASC) providers will increase service availability. - BAL should be open on Saturdays as well for a total of six days weekly operations. - All BAL providers should have a uniform list of entities to refer patients to when they need emergency services. - The more information is shared between BAL staff and selected provider, the better patient management becomes. - Add number of patients needing language assistance on the data to be collected from BAL. - Training on how to use Medi-Cal Eligibility Data Set (MEDS) is needed. Diversify training for providers (e.g., nuts and bolts of the ASAM Criteria, engaging youth according to their developmental stages) and consider a prerequisites model for a progressively advancing training course content. - Translate the brief triage assessment (BTA) form into Spanish. - BAL to have at least bilingual English-Spanish-speaking staff. BAL to contract with a language line for non-Spanish interpretation services. - Train BAL staff about common substance use disorder (SUD) service concepts and terminologies like the difference between probation and parole; what is CalWORKs; components of the social services infrastructure; and what processes are involved in serving individuals within the criminal justice system among others.

- **Comments**

  - There are currently very few youth outpatient sites and the closest one for a youth caller may be several miles away. Requiring youth to go to outpatient sites for an assessment instead of conducting it over the phone may be unrealistic.
  - Youth are not as motivated to attend treatment and adding an extra step of referring them to an outpatient site to get assessed may discourage them from pursuing treatment. (*SAPC Youth Services Director noted that prior conversations with youth treatment providers informed this process decision).*
  - Recommend use of social media and other technological methods to target and communicate with youth and adults.
  - Concept of the CASC is in question right now. We need to think what is best for the system. There are perspectives on the viability of the current CASC.
  - We need to eliminate barriers to service access. Brief triage assessment (BTA) at the BAL followed by full American Society of Addiction Medicine (ASAM) assessment at the provider site appears duplicative. *(Medical Director's Office staff commented that the BTA takes about 15 minutes to complete over the phone and is designed to briefly triage the patient to determine provisional ASAM level of care (LOC) and refer the patient to the appropriate provider accordingly. Santa Clara County has implemented this method successfully and its data shows a matching rate of about 90 percent between BTA's recommended provisional LOC and the LOC determined by a counselor after an in person assessment.*
  - We need to rename BAL as it appears to stand for "blood alcohol level."
  - Per 42 CFR Part 2, BAL staff cannot share protected health information (PHI) with providers because callers are considered BAL clients. Unless there is written consent, patient information cannot be released.
  - BAL to track which insurance each provider carries.
  - BAL to track number of individuals who need insurance.

- **Questions**

  - **If more people end up calling through BAL after office hours, will SAPC consider extending BAL's hours of operation to have a live person answering calls in the evening?**
    - *This will be considered to ensure better access.*
  - **Who will provide the BAL services?**
    - *This is still being determined.*
  - **How would calls be routed to different geographic points?**
    - *The current system asks callers to press a certain number for a specific geographic area based on the eight service planning areas (SPA) and routes the call accordingly.*
  - **How will BAL serve patients who are recipients of AB 109 or CalWORKs benefits?**
    - *Under the Waiver, Drug Medi-Cal (DMC) will be the first payer of services for eligible beneficiaries. However, if the needed services are not supported by DMC, other funding sources will be accessed. On July 1, 2016, My*

Health LA will launch its benefit package, which will include services for undocumented individuals and have the same benefits as those offered under DMC.

- **When will the DMC benefit package be available for eligible individuals?**
  - *SAPC anticipates a start date in late summer this year.*
- **What happens when there is difficulty in verifying the caller's Medi-Cal eligibility?**
  - *If there is delay in the entry of patient information into MEDS, the BAL certified counselor will still proceed with conducting the BTA and inform the next provider about the pending eligibility.*
- **If individuals come to a provider site, how would their information be in the system as when they call through BAL?**
  - *SAPC intends to develop an automated appointment system by July 2017 and this should assist in the process. A common or interoperable electronic health record can also assist in this process.*
- **Is BTA electronic or on paper?**
  - *Currently it is in paper format but SAPC plans to develop an electronic version.*
- **Are providers able to bill for conducting BTA?**
  - *The BTA is not reimbursable by providers because it does not determine medical necessity, however, this would be an allowable use of staff hour rates under the CASCs. SAPC understands the concern that CASC can bill and treatment providers cannot, and will consider this perspective.*
- **How can individuals within the criminal justice system access treatment?**
  - *Probation officers can access the BAL on behalf of their clients. The individual needing treatment will be assessed through the ASAM Criteria and services will be paid by DMC. If other services are needed and other program eligibility applies, we will tap into those resources as well.)*
- **What happens when a criminal justice patient receives a court order for treatment but does not meet medical necessity nor the ASAM Criteria?**
  - *SAPC, and where appropriate providers, need to educate the courts about the changing system, and that medical necessity will drive placement and continuation of care decisions.*
- **Are there any accommodations for individuals coming out of the emergency rooms?**
  - *SAPC will consider how to address this question in the BAL policies.*
- **What happens when there are waitlists and providers cannot meet the timelines for admitting patients into treatment?**
  - *Wherever possible, individuals will only be referred to agencies that can conduct the assessment and initiate services within the prescribed time periods. SAPC understands this may be a challenge with residential and withdrawal management services but ideally outpatient and intensive outpatient agencies can better adjust to increasing demand for services in the short-term.*

- **What information can BAL staff share with providers when setting assessment and admission appointments?**
  - *SAPC is currently communicating with County Counsel and conducting research to ensure compliance with federal and state regulations while facilitating connections with treatment providers and minimizing duplication of efforts. More guidance will be forthcoming.*
- **Can the BAL share the BTA with providers?**
  - *SAPC will confer with County Counsel on whether the BTA can be shared with the receiving provider without a consent form; sharing is allowable if the receiving agency obtains and shares a release of information. SAPC will evaluate if and how it is possible to share the BTA to reduce duplication in efforts and multiple screenings/assessments by the beneficiary/patient.*
- **How can written consent be secured if the individual is on the phone? Should there be a 3-way call with the selected provider? Can we use a code (e.g., the individual's birthday, LACPRS pin number, initials, or gender)? Can we obtain consent electronically, or ask individuals to press a certain number to signify consent when they call?**
  - *SAPC will explore whether there are other ways to obtain consent besides written/signed consent and/or if a code can be developed if needed to improve the referral process.*
- **How do we serve people without any insurance?**
  - *SAPC will explore what criteria are needed to serve individuals who are not DMC or My Health LA eligible, and do not meet criteria for other funding sources (e.g., CalWORKs, AB 109) such as those who elect not to obtain health insurance or are otherwise underinsured.*
- **Why should a CASC site refer the patient to another provider when the CASC agency also has the service needed and is DMC-certified?**
  - *The patient should be offered a choice of different providers that meet their cultural, linguistic, developmental, and other preferences and have the ability to provide services covered by their insurance plans (e.g., Medi-Cal). A patient could choose to receive services at the same treatment agency that runs the CASC.*
- **Where will BAL staff be located?**
  - *At this point, SAPC has not finalized how the BAL will function in year two and whether it will be a single call center or sites where individuals can come in-person.*
- **Are we going to enhance the current CASC?**
  - *SAPC will host a separate meeting with CASCs to discuss this topic.*
- **When will the contractor manual for providers be ready?**
  - *The manual is currently being developed and will include the updated documents from the stakeholder workgroups progress. Ideally this document would be available at the start of the new services.*

V. Next Steps	Michelle Gibson informed the participants that additional feedback will be accepted through March 18, 2016 online via SAPC's website or email at SUDTransformation@ph.lacounty.gov. Meeting notes will be posted online, SAPC will update the BAL narrative as appropriate, and there will be a separate meeting with CASC providers on BAL's first year of implementation.
VI. Other	Christina Morgan from SAPC's Communications Unit announced the upcoming Al-Impics on May 14, 2016 and highlighted the observance of Prescription Drug Awareness Month in March.